FORM D SEC Mail Processing Section

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

JUL 022008

## FORM D

OMB APPROVAL
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Washington, DC

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
FORM LIMITED OFFERING EXEMPTION

SEC USE ONLY						
Prefix	1	Serial				
	<u> </u>					
D.	ATE RECEIV	ED				
	i	1				

UNI	FORM LIMITED OFFERING EXEM	PTION
Name of Offering ( check if this is an am	endment and name has changed, and indicate change.)	
Filing Under (Check box(es) that apply):  Type of Filing:  New Filing  Amen	Rule 504 Rule 505 Rule 506 Section 4(6	) ULOE
	A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the	issuer	
Name of Issuer ( check if this is an amend	Iment and name has changed, and indicate change.)	
Clean Power Technologies, Inc.		
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
436-35th Ave, N.W.	Calgary, Alberta Canada	(403) 277-2944
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
Brief Description of Business	where the second	
Technology Development		PROCESSED
<u> </u>	imited partnership, already formed other (	please specify): JUL 0 9 2008 g
Actual or Estimated Date of Incorporation or O Jurisdiction of Incorporation or Organization:	Month Year  Irganization: 110 013 Actual Esti  (Enter two-letter U.S. Postal Service abbreviation for State  CN for Canada; FN for other foreign jurisdiction)	THOMSON REUTEI
GENERAL INSTRUCTIONS		
Federal: Who Must File: All issuers making an offering of 77d(6).	f securities in reliance on an exemption under Regulation D	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
and Exchange Commission (SEC) on the earlier	than 15 days after the first sale of securities in the off of the date it is received by the SEC at the address gi nited States registered or certified mail to that addres	is deemed filed with the U.S. Securities address after the date on
Where To File: U.S. Securities and Exchange	Commission, 450 Fifth Street, N.W., Washington, D	
Copies Required: Five (5) copies of this notice photocopies of the manually signed copy or beautiful c	must be filed with the SEC, one of which must be 1 ar typed or printed signatures.	ned must be
	ain all information requested. Amendments need only repu any material changes from the information previously supp	
Filing Fee: There is no federal filing fee.		
ULOE and that have adopted this form. Issue are to be, or have been made. If a state require	In the Uniform Limited Offering Exemption (ULOE) for some relying on ULOE must file a separate notice with the stress the payment of a fee as a precondition to the claim for ed in the appropriate states in accordance with state law.	Securities Administrator in each state where sales or the exemption, a fee in the proper amount shall
	ATTENTION	
	te states will not result in a loss of the federal ex sult in a loss of an available state exemption unle	

## A BASICIDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: ☐ Beneficial Owner Executive Officer General and/or Promoter Director Managing Partner Full Name (Last name first, if individual) Abdul Mitha Business or Residence Address (Number and Street, City, State, Zip Code) 436-35th Ave, N.W. Calgary, Alberta Canada T2K OC1 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Diane Glatfeller Business or Residence Address (Number and Street, City, State, Zip Code) Calgary, Alberta Canada T2K OC1 436-35th Ave, N.W. Check Box(es) that Apply: Beneficial Owner Promoter Executive Officer ✓ Director General and/or Managing Partner Full Name (Last name first, if individual) Michael Burns Business or Residence Address (Number and Street, City, State, Zip Code) 436-35th Ave. N.W. Calgary, Alberta Canada T2K OC1 Check Box(es) that Apply: Beneficial Owner □ Promoter Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Robert Bayley Business or Residence Address (Number and Street, City, State, Zip Code) 436-35th Ave, N.W. Calgary, Alberta Canada T2K OC1 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or ✓ Director Managing Partner Full Name (Last name first, if individual) Peter J. Gennuso Business or Residence Address (Number and Street, City, State, Zip Code) 600 Lexington Avenue, 9th Floor NY, NY 10022 Check Box(es) that Apply; Promoter Beneficial Owner Executive Officer General and/or Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary)

					В. П	NFORMAT	ION ABOU	T OFFERI	NG				
1.	Has the	issuer solo	l, or does th	he issuer in	ntend to se	ll. to non-a	ccredited i	nvestors in	this offer	ine?		Yes	No 😿
	,	100001	.,			Appendix,							_
2.	What is	the minim	um investn									\$_100	0,000.00
												Yes	No
3.													
4.	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.										<del>2</del>		
	l Name (I inance	Last name	first, if indi	ividual)									
		Residence	Address (N	lumber and	d Street. Ci	tv. State, Z	(ip Code)				<del></del>		•
			ail Suite 30			-	,						
Na	me of Ass	sociated Br	oker or De	aler				<u>.                                      </u>					
Sta	tes in Wh	nich Person	Listed Has	s Solicited	or Intends	to Solicit l	Purchasers	·			<del> </del>		
Diu			or check									☑ AI	I States
	AL	AK	ΑZ	AR	CA	[CO]	СТ	DE	DC	FL	ĞA	(HI)	ID
	IL.	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	ОН	OK	<u>OR</u>	PÄ
	RI	SC	[SD]	TN	TX	UT	VT	VA	WA	₩V	WL	WY	PR
Ful	l Name (	Last name	first, if indi	ividual)				· · · · · ·					· · · · · · · · · · · · · · · · · · ·
Bu	siness or	Residence	Address (1	Number an	d Street, C	ity, State, 2	Zip Code)						
Na	me of Ass	sociated Br	oker or De	aler	·								
Sta	tes in Wh	nich Person	Listed Has	s Solicited	or Intends	to Solicit l	Purchasers					-	
	(Check	"All States	or check	individual	States)							☐ Al	l States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	IH	ID
	TL.	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT RI	NE SC	NV SD	NH TN	NJ TX	NM UT	NY VT	NC VA	ND WA	(OH) (WV)	OK WI	OR WY	PA PR
P1		·			<u> </u>								
	·		first, if indi										
Bu	siness or	Residence	Address (1	Number an	id Street, C	ity, State, 2	Zip Code)						
Nai	me of Ass	sociated Br	oker or De	aler									
Sta	tes in Wh	ich Person	Listed Has	s Solicited	or Intends	to Solicit l	Purchasers						
	States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)											☐ Al	l States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	[ID]
	AL IL MT	AK IN NE	AZ IA NV	AR KS NH	CA KY NJ	CO LA NM	CT ME NY	DE MD NC	DC MA ND	FL MI OH	GA MN OK	MS OR	MO PA

## C OFFERING PRICE NUMBER OF INVESTORS: EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	( 	
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	s	\$
	Equity	\$	s
	Common Preferred		
	Convertible Securities (including warrants)	\$_5,000,000.00	\$
	Partnership Interests	\$	<u>s</u>
	Other (Specify)	\$	\$
	Total	\$ 5,000,000.00	\$ 0.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	:	Aggregate Dollar Amount
		Investors	of Purchases
	Accredited Investors		\$
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		s
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A	<del></del>	\$
	Rule 504		\$
	Total		\$ 0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees		\$ 30,000.00
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
•	Other Expenses (identify)		\$
	Total		\$ 30,000.00

GORFFRING PRICE NU	MBER OF INVESTORS EXPENSES AND USE OF F	oceros 🔭 🐰	
and total expenses furnished in response to Part C	— Question 4.a. This difference is the "adjusted gross		\$
each of the purposes shown. If the amount for check the box to the left of the estimate. The total	any purpose is not known, furnish an estimate and lof the payments listed must equal the adjusted gross		
		Payments to Officers, Directors, & Affiliates	Payments to Others
Salaries and fees		<u>s</u>	. 🗆 \$
Purchase of real estate		\$	\$
	<del></del>		
		\$	. 🗆 3
offering that may be used in exchange for the a	issets or securities of another	S	<b>□\$</b>
	·		
Other (specify):		\$	\$ 4,970,000.00
		\$	
Column Totals		\$_0.00	\$_4,970,000.00
Total Payments Listed (column totals added)		□ \$ <u>_4</u> .	970,000.00
	###D. FEDERAL SIGNATURE		
ature constitutes an undertaking by the issuer to	furnish to the U.S. Securities and Exchange Commissi	on, upon writte	
eer (Print or Type)	Signature //	ate / /	
an Power Technologies, Inc.	1/2///V//	7/1/0	P
ne of Signer (Print or Type) ul Mitha	The of Signer (Print or Type) President, Chief Executive Officer and Director		<del></del>
	b. Enter the difference between the aggregate of and total expenses furnished in response to Part C proceeds to the issuer."  Indicate below the amount of the adjusted gross each of the purposes shown. If the amount for check the box to the left of the estimate. The total proceeds to the issuer set forth in response to F Purchase of real estate.  Purchase of real estate.  Purchase, rental or leasing and installation of rand equipment.  Construction or leasing of plant buildings and Acquisition of other businesses (including the offering that may be used in exchange for the sisuer pursuant to a merger).  Repayment of indebtedness.  Working capital.  Other (specify):  Column Totals.  Total Payments Listed (column totals added).  Total Payments Listed (column totals added).  sissuer has duly caused this notice to be signed by nature constitutes an undertaking by the issuer to information furnished by the issuer to any non-acter (Print or Type)  pan Power Technologies, Inc.  me of Signer (Print or Type)	b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."  Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.  Salaries and fees  Purchase, rental or leasing and installation of machinery and equipment  Construction or leasing of plant buildings and facilities  Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)  Repayment of indebtedness  Working capital  Other (specify):  Column Totals  Total Payments Listed (column totals added)  Disposition of undertaking by the issuer to furnish to the U.S. Securities and Exchange Commissi information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Ruler (Print or Type)  Signature  Signature  Signature  Signature (Print or Type)  Signature  Signature (Print or Type)	and total expenses funished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."  Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.  Payments to Officers, & Affiliates  Salaries and fees

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E STATE SIGNATURE	<b>10</b> 20 20 20 20 20 20 20 20 20 20 20 20 20			
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?					
		See Appendix, Column 5, for state response.				
2.	The undersigned issuer hereby under D (17 CFR 239.500) at such times a	rtakes to furnish to any state administrator of any state in which this notice is filed a no as required by state law.	tice on Form			
3.	The undersigned issuer hereby under issuer to offerees.	ertakes to furnish to the state administrators, upon written request, information furn	ished by the			
4.	limited Offering Exemption (ULOE	that the issuer is familiar with the conditions that must be satisfied to be entitled to ) of the state in which this notice is filed and understands that the issuer claiming the festablishing that these conditions have been satisfied.				
	uer has read this notification and knows thorized person.	s the contents to be true and has duly caused this notice to be signed on its behalf by the	undersigned			
-	Print or Type)	Signature // Date				
	Power Technologies, Inc.	11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	<u> </u>			
Name (1	Print or Type)	Title (Print or Type)				

President, Chief Executive Officer and Director

## Instruction:

Abdul Mitha

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

	ikan panan			AP	PENDIX				25 bac 2		
I	Intend to non-a investor	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		4  Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
AL											
AK											
AZ											
AR											
CA				<u> </u> 							
со											
CT											
DE											
DC											
FL											
GA											
HI											
ID											
IL											
IN											
IA											
KS											
KY			<del></del>								
LA											
ME											
MD											
MA											
MI											
MN											
MS											

	APPENDIX TO THE RESERVE OF THE PROPERTY OF THE										
1	Intend to non-a investor	2 I to sell ccredited s in State -Item I)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)						
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
МО											
МТ											
NE											
NV											
NH											
ЦИ											
NM											
NY											
NC											
ND											
ОН											
ОК											
OR											
PA											
RI											
sc											
SD											
TN											
TX				<u></u>							
UT											
VT											
VA			···-				. <u></u>				
WA											
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APPENDIX APPENDIX									
1	1 2 3 Type of security				5 Disqualification under State ULOE				
	to non-a investor	I to sell accredited is in State I-Item 1)	and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)			(if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY									
PR									

